Sample Direct Bill Report

Participant SS# Address City State Zip Benefit Description Tier Premium maxmonth cobstant cobexpire Doe, John 000-32-8532 1234 5th Edmonds WA 98020 DB MED/DEN/VIS Employee Only 200 18 2/1/2012 7/31/2013

Sample Direct Bill Report

paidthru QE date Past Due 1/31/2013 1/1/2012 0